

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

11258-62-044219
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

FILED NOV 5 0 1962

VS 300
Rev. 4/59

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RATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital DOA		d. STREET ADDRESS (If outside, give location) 3401 Longfellow	
3. NAME OF DECEASED (Type or print) First Middle Last Jack H. FOTHERINGHAM		4. DATE OF DEATH Month Day Year November 22, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/2/1890
9. AGE (last birthday) 71	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Broker		11. BIRTHPLACE (City and state or country) London Ontario
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME Thomas E. Fotheringham	
14. MOTHER'S MAIDEN NAME Mary Ann Nixon		15. NAME OF HUSBAND OR WIFE Helen Fotheringham	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Helen Fotheringham 3401 Longfellow	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis - Myocardial Infarction</i> DUE TO (b) <i>Previous Infarct</i> DUE TO (c) <i>4201</i>		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 22 Nov 62 to 22 Nov 62 and last saw him alive on 22 Nov 62 Death occurred at 9:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Albert T. Borylinski M.D.		22b. ADDRESS 213 Northland Medical Building 351 Mo.	
22c. DATE SIGNED 23 Nov 62		23. NAME OF CEMETERY OR CREMATORY Bellefontaine	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/26/62	23d. LOCATION (City, town, or county) St. Louis Mo.	
24. FUNERAL DIRECTOR ADDRESS Kriegshauser--4228 S. Kingshighway		25. DATE RECD. BY LOCAL REG. NOV 23 1962	
26. REGISTRAR'S SIGNATURE Karl Smith M.D.			

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. W. Storey

Licensed Embalmer No. 4007

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. A. A. Bonfante
213 Mulholland Mesa Ave
Pasadena - 230 PM
Pasadena 33 Ca 1-5557